

# DEPARTMENT OF MENTAL HEALTH

## POLICY / PROCEDURE



SUBJECT: <b>CRISIS &amp; EMERGENCY EVALUATION BY OUTPATIENT MENTAL HEALTH FACILITIES</b>	POLICY NO. <b>202.1</b>	EFFECTIVE DATE <b>08/15/01</b>	PAGE <b>1 of 5</b>
APPROVED BY: <b>Original Signed by: MARVIN J. SOUTHARD</b> Director	SUPERSEDES <b>102.1</b>	ORIGINAL ISSUE DATE <b>10/01/85</b>	DISTRIBUTION LEVEL(S) <b>1,3</b>

**PURPOSE:**

1.1 To establish a policy regarding: 1) crisis and emergency evaluation and intervention services; and 2) the coordination of services provided by programs of the County of Los Angeles Department of Mental Health (DMH) and designated contract providers. Consistent application of this policy throughout DMH will assure standardization in the provision of crisis and emergency specialty mental health services.

**POLICY:**

2.1 The Director of DMH shall be responsible for establishing the policy pertaining to crisis and emergency evaluation and intervention services.

2.2 The Deputy Director of the Emergency Outreach Bureau (EOB) of DMH shall be responsible for the coordination of services provided by programs of DMH and designated contract providers.

2.3 Crisis and emergency evaluation and intervention services are among the principal means of access to the entire system of services provided by DMH for the most vulnerable, critically mentally ill.

2.4 The crisis and emergency evaluation and intervention services provided to DMH consumers and family members shall be clinically and culturally appropriate and provided in a timely manner.

2.4.1 Programs providing psychiatric mobile response will comply with the parameters set forth in the Psychiatric Mobile Response Policies and Procedures.

2.5 A comprehensive continuum of care will be utilized to ensure the most appropriate level of treatment is provided to the consumer in the least restrictive setting.

2.6 Ongoing clinical evaluation at all levels of service delivery will ensure the most appropriate level of treatment is provided to address the unique needs of each consumer.

2.7 Appropriate and timely utilization and coordination of services within DMH and between DMH and other community resources is essential to the effective mobilization of available support systems and strengthens working relationships with consumers, families, mental health providers and law enforcement as well as other public safety personnel.

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- DEFINITIONS:**
- 3.1 **“Urgent Condition”:** Any situation experienced by the consumer as a result of a mental disorder that, without timely intervention, is certain to result in an immediate emergency psychiatric condition, or any situation in which it is apparent that intervention should not be delayed for a scheduled appointment. A response to an urgent condition or situation shall be made in a manner and length of time appropriate to resolving the crisis. Criteria for crisis response shall not be limited to criteria set forth in WIC 5150.
  - 3.2 **“Emergency Condition”:** Any condition or situation in which the consumer as a result of mental disorder, presents a danger to self or others or is immediately unable to provide for or utilize food, clothing or shelter and requires psychiatric inpatient hospitalization or psychiatric health facility services.
  - 3.3 **“Crisis Evaluation and Intervention Services”:** Any service(s) lasting less than 24 hours, provided to or on behalf of a consumer for a condition which requires more timely response than a regularly scheduled appointment. Crisis Evaluation and Intervention Services will be provided to consumers experiencing either urgent or emergency conditions. Criteria for crisis response shall not be limited to the criteria set forth in WIC 5150.
    - 3.3.1 In emergency situations, immediate response by other agencies (such as law enforcement or emergency medical agencies) may be required in addition to intervention by DMH employees.
    - 3.3.2 If the consumer is not hospitalized:
      - 3.3.2.1 An assessment by a psychiatrist will be provided, when indicated; and
      - 3.3.2.2 Daily evaluations and interventions will be made with the consumer for a time period identified by the treatment team, until the consumer is stable.
  - 3.4 **“Service System Components”:** Those DMH programs or community agencies that provide or directly interface with Crisis and Emergency Intervention Services. These services shall not be considered in isolation, but rather as part of a comprehensive continuum of clinical services, including:

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3.4.1 **“ACCESS Telecommunication Center”**: The DMH ACCESS Telecommunications Center is designated to coordinate and facilitate linkages with crisis intervention and Psychiatric Mobile Response Teams 24 hours-a-day, 7 days-a week.

3.4.1.1 Maintain a 24 hours-a-day, 7 days-a-week information and referral resource available to outside callers.

3.4.1.2 Maintain uniform statistics on Countywide utilization of emergency rooms mobile response units.

3.4.2 **“24 Hour Service Facilities”**: Crisis evaluation and intervention services provided 24-hours-a-day, 7 days- week at facilities designated to provide such services pursuant to W&I Code, Section 5150.

3.4.3 **“Crisis Walk-In Services”**: Crisis evaluation and intervention services provided at DMH directly-operated and contract programs and Department of Health Services facilities during regular working hours.

3.4.4 **Psychiatric Mobile Response Team (PMRT)**: Designated to provide mental health assessment and intervention to consumers and families 24 hours-a-day, 7 days-a-week with the goal of stabilizing the consumer utilizing outpatient and other community services, when possible.

Secondarily, PRMT provides necessary assistance to other community agencies in their efforts to help stabilize the mentally ill consumer in the community. PRMT may initiate hospitalization or assist other agencies in their efforts to hospitalize consumers.

3.4.5 **“Mental Health Alert”**: A team of specially trained and designated mental health staff available on a 24 hours-a-day, 7 days-a-week basis to provide support and consultation to the sheriff’s Crisis Negotiation Team regarding problems such as hostage negotiation and barricade situations.

3.4.6 **“M.E.T./S.M.A.R.T.”**: Law enforcement/mental health teams who provide rapid response to individuals in the community who are in crisis and require the expertise of specially trained law enforcement and mental health professionals.

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- PROCEDURE:**
- 4.1 Mental Health Crisis and Emergency Evaluation and Intervention Services are among the Department's highest priorities. Mental health personnel shall be available 24 hours-a-day, 7 days-a-week to provide field response under the established requirements of the Welfare and Institutions Code and this policy.
  - 4.2 All DMH directly operated and contracted programs will ensure that procedures are in place to address responses to consumers with urgent and emergent conditions. These procedures shall be in compliance with the parameters set forth in this policy.
  - 4.3 Consumers not requiring acute levels of inpatient care, but benefiting from outpatient care to address conditions or situations shall be provided with:
    - 4.3.1 An appropriate outpatient appointment.
    - 4.3.2 A same day or next day outpatient appointment upon such request from referring staff or a Primary Care Physician.
      - 4.3.2.1 Requests for urgent outpatient evaluation services which are made before 10:00 a.m. are to be scheduled and completed by close of business on the day of the request.

Requests for urgent outpatient evaluation services which are made after 10:00 a.m. are to be scheduled and completed no more than 24 hours after the time of the initial request.

Urgent evaluations, while not occurring more than 24 hours from the time of initial request, are to be provided within a timeframe consistent with the consumer's clinical presentation and all such rationale shall be clearly documented in the consumer's record.
  - 4.4 All DMH service providers shall exchange and share resources and information with other DMH service providers, extending both within and across service area boundaries, in the resolution of all crisis and emergency situations.
  - 4.5 Use of community support systems, such as the family and non-institutional resources will always be given the first consideration and will include the following:

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- 4.5.1 All mental health services shall be provided in the least restrictive manner and tailored to the specific mental health needs of the consumer.
- 4.5.2 Consumers in need of crisis and emergency services should be evaluated and treated in the settings most appropriate to their needs.
- 4.6 If, in the judgment of the professional staff, the consumer in crisis can be properly served without being involuntarily detained in a designated facility, the consumer shall be provided evaluation, crisis intervention or other services on a voluntary basis. These services should be provided within 24 hours.
- 4.7 Consumers brought to an appropriate DMH directly operated or contracted facility by public safety officials for crisis and emergency evaluation and intervention services shall be evaluated by the initial receiving facility or, if appropriate, the initial receiving facility will arrange for crisis and emergency evaluation and intervention services by another directly-operated or contract facility.
- 4.8 Guidelines are provided to public safety officials suggesting situations in which it is most appropriate to take consumers to the nearest L.P.S. designated hospital for evaluation.

### **AUTHORITY:**

California Welfare and Institutions Code, Division 500, et. seq.  
California Administrative Code; as applicable.  
Los Angeles County Department of Mental Health Implementation Plan for Phase II Consolidation of Medi-Cal Specialty Mental Health Services, August 1997.  
Memorandum of Agreement Between Agencies of the City of Los Angeles and the County of Los Angeles Regarding Provisions of Mutual Support in Situations Concerning Mentally Ill Persons, April 1, 1985.  
California Code of Regulations, Title 9, Chapter 11, Sub-Chapter 1 as applicable.